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IPEDS Fall Enrollment

Integrated Postsecondary Education Data System


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1970

## Fall Enrollment 1970-71

UNO Office of Institutional Effectiveness  
*University of Nebraska at Omaha*

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OFFICE OF THE SECRETARY

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
OFFICE FOR CIVIL RIGHTS  
WASHINGTON, D.C. 20201BUDGET BUREAU NO. 85-569043  
APPROVAL EXPIRES 12/31/70COMPLIANCE REPORT OF INSTITUTIONS OF HIGHER EDUCATION  
Under Title VI of the Civil Rights Act of 1964  
(FALL, 1970)

## PART I - REPORT IDENTIFICATION

1. NAME AND ADDRESS OF INSTITUTIONAL COMPONENT COVERED IN THIS REPORT  University of Nebraska at Omaha P. O. Box 688 Downtown Station Omaha, Nebraska	LEVELS OF OFFERING (Check all that apply)	
	At least two but less than four years work beyond grade 12	<input checked="" type="checkbox"/>
	Four or five year baccalaureate degree granting program	<input checked="" type="checkbox"/>
	First professional level	<input type="checkbox"/>
2. NAME AND ADDRESS OF PARENT INSTITUTION IF DIFFERENT FROM ABOVE	Master's and/or work beyond the first professional degree	<input checked="" type="checkbox"/>
	Work beyond the master's level but not at doctor's level	<input checked="" type="checkbox"/>
	Doctor of philosophy or equivalent degree	<input type="checkbox"/>
	Others (Specify)	
INSTITUTIONAL CONTROL (Check most appropriate box)		
PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/>		
3. FICE CODE NUMBER		

## PART II - STUDENT ENROLLMENT DATA (FALL TERM)

ANSWER ALL QUESTIONS. IF THERE ARE NO PERSONS IN THE INDICATED GROUP, ENTER ZERO (0) IN THE SPACE PROVIDED	AMERICAN INDIAN	NEGRO	ORIENTAL	SPANISH SURNAMED AMERICAN	ALL OTHER STUDENTS	TOTAL ALL STUDENTS
UNDERGRADUATE						
1. FIRST YEAR FULL-TIME STUDENTS	5	59	8	25	1878	1975
2. SECOND YEAR FULL-TIME STUDENTS	2	39	6	6	1233	1286
3. THIRD YEAR FULL-TIME STUDENTS	2	21	3	4	906	936
4. FOURTH & SUBSEQUENT YEAR FULL-TIME STUDENTS	1	9	3	2	1284	1299
5. TOTAL NUMBER FULL-TIME UNDERGRADUATE STUDENTS	10	248 128	20	37	5301	5496
GRADUATE OR PROFESSIONAL						
6. FIRST YEAR FULL-TIME STUDENTS	1	4		2	70	77
7. SECOND & SUBSEQUENT YEAR FULL-TIME STUDENTS		2	1		36	39
8. TOTAL NUMBER FULL-TIME GRADUATE OR PROFESSIONAL STUDENTS	1	6	1	2	106	116

## CERTIFICATION

I CERTIFY that the information given above is true and correct to the best of my knowledge and belief.  
(A willfully false statement is punishable by law, U.S. Code, Title 18, Sec. 1001.)

NAME OF PERSON FURNISHING INFORMATION	TITLE	PHONE NO.
Robert C. O'Reilly	Director Institutional Research	553-4700 Ext. 367
SIGNATURE	DATE	AREA CODE EXT.

*Report Date 10/1/70*

*Please return to: M. Hanner*

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
OFFICE OF EDUCATION  
WASHINGTON, D.C. 20202  
**HIGHER EDUCATION GENERAL INFORMATION SURVEY**  
**OPENING FALL ENROLLMENT (Higher Education), 1970**  
**BASIC INFORMATION**

THIS IS YOUR FILE COPY.  
DETACH AND MAIL OTHER HALF.

NAME OF INSTITUTION

*University of Nebraska at Omaha*

ADDRESS (City, State and ZIP code)

*P.O. Box 688 Downtown Station  
Omaha, Neb. 68101*

CHECK  
HERE IF NO  
BRANCHES

NAME OF PARENT INSTITUTION (If branch of another institution)

*X*

NAME AND TITLE OF RESPONDENT

*Virgil V. Shipp, Registrar  
(for Office of Grant Research)*

AREA CODE - LOCAL NUMBER - EXTENSION

*402 553-4700 Ext. 314-5*

RESIDENT AND EXTENSION STUDENTS

LINE NO.	MEN		WOMEN		TOTAL (Cols. 1+2+3+4) (5)
	FULL-TIME (1)	PART-TIME (2)	FULL-TIME (3)	PART-TIME (4)	
1	4,811	3,813	2,148	2,413	13,185

ALL RESIDENT AND EXTENSION STUDENTS (include students taking work normally creditable toward a bachelor's or higher degree AND students in organized occupational programs of less than four years NOT chiefly creditable toward a bachelor's degree.)

FIRST-TIME RESIDENT AND EXTENSION STUDENTS (Students included in Line 1 above who are entering an institution of higher education for the first time in Fall 1970, and have not previously attended any other institution of higher education. Exclude transfers.)

OE FORM 2300-2.3, 3/70

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

2	1,169	433	726	542	2,870
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Report Date 11/20/70

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
OFFICE OF EDUCATION  
WASHINGTON, D.C. 20202

BUDGET BUREAU NO. 51-RO738  
APPROVAL EXPIRES: 6/30/72

HIGHER EDUCATION GENERAL INFORMATION SURVEY  
OPENING FALL ENROLLMENT (Higher Education)  
1970 SUPPLEMENTARY INFORMATION

DUE DATE **November 15, 1970**

INSTITUTION CODE NUMBER  
**002554**

NAME OF INSTITUTION <b>University of Nebraska at Omaha</b>		ADDRESS (City, State, ZIP code) <b>P.O. Box 688 Downtown Station Omaha NE 68101</b>
CHECK HERE IF NO BRANCHES <b>X</b>	NAME OF PARENT INSTITUTION (If branch of another institution)	ADDRESS (City, State, ZIP code)
NAME AND TITLE OF RESPONDENT <b>Vergil V. Sharpe, Registrar</b>		AREA CODE - LOCAL NUMBER - EXTENSION <b>402 553-4700 Ext. 314-5</b>

NOTE: Data acquired in this survey will be published in listings by individual institutions.

If you need additional clarification on any item, please call Mr. George H. Wade, (202) 962-7301, in Washington, D. C.

If exact counts are lacking for a group that should be reported, please include an estimate for that group.

Please fill out a separate form for the main campus and for each branch or other campus. Do not fill out separate forms for EXTENSION CENTERS. Extension students should be reported on the form for the main campus.

PLEASE COMPLETE THIS FORM (including reverse) as soon as detailed enrollment breakdowns are available, but no later than November 15, 1970.

Do not include in this report:

- (a) Students in noncredit adult education courses.
- (b) Students taking courses at home by mail, radio, or television.
- (c) Students enrolled only for "short courses."
- (d) Auditors.
- (e) Students studying abroad.
- (f) Students in any branch campus or extension center in a foreign country.

If totals on Line 18 of this form differ greatly (i.e., by more than 5 percent) from those on Line 1 of OE Form 2300-2.3, 3/70, please explain.


One additional category of information is being requested this year that was not included on last year's form: the full-time equivalent enrollment (column 6) for each headcount total in column 5.

Please enter in column 6, on the appropriate line, the full-time equivalent which you may have already calculated for any of the corresponding headcount totals in column 5.

If you have not previously calculated full-time equivalent enrollment, the following method is suggested:

ADJUSTED HEADCOUNT METHOD - Full-time equivalent enrollment equals the headcount of full-time students plus one-third the headcount of part-time students.

You may use the above method or any other method of calculating full-time equivalent enrollment most appropriate and/or convenient to your institution. If you do not calculate full-time equivalent enrollment figures, the U.S. Office of Education will make the calculations, using the "Adjusted Headcount Method."

002554  
U-PUB  
TO THE REGISTRAR  
U OF NEBRASKA AT OMAHA  
NB 68132  
OMAHA